

# Medicaid Adult Expansion Report

October 9, 2020



## Expansion Enrollment by Subgroup

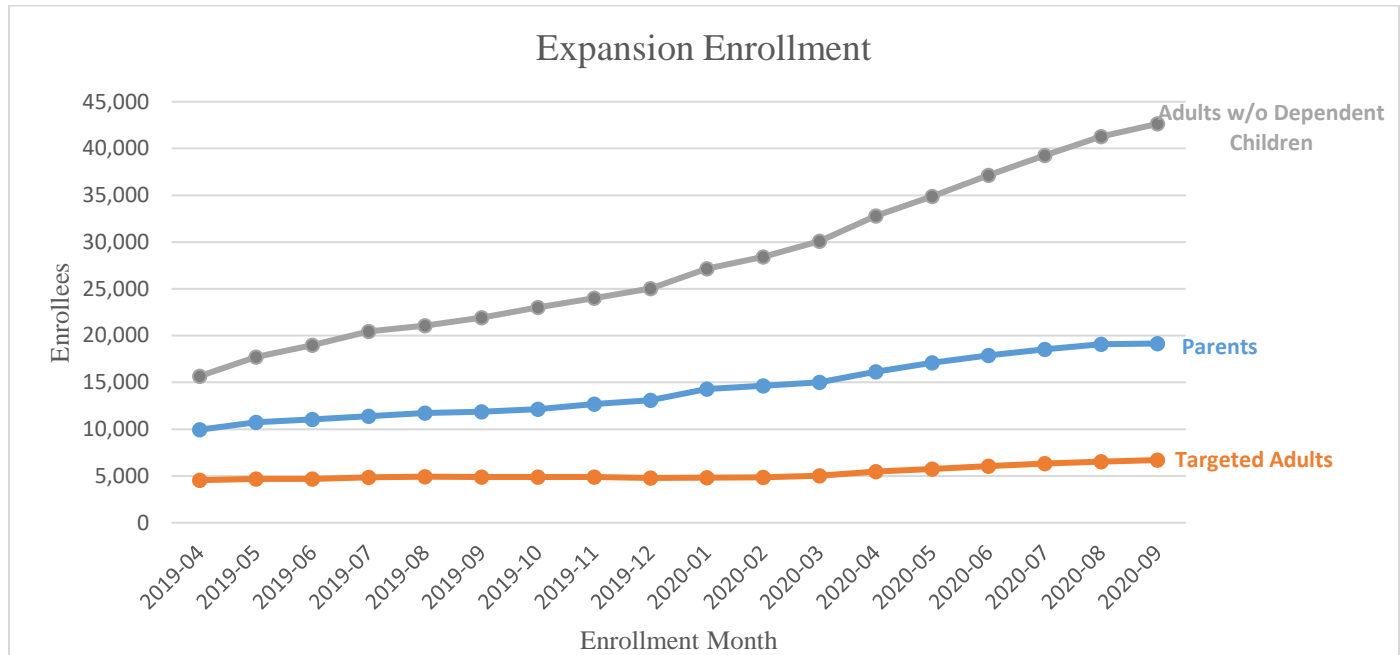


Figure 1

## Expansion Enrollment

### Bridge

Category	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12
Adults w/o Dependent Children	15,680	17,731	18,988	20,460	21,077	21,923	23,009	24,014	25,051
Parents	9,952	10,730	11,042	11,392	11,739	11,874	12,126	12,698	13,105
Targeted Adults	4,553	4,682	4,703	4,871	4,931	4,901	4,901	4,878	4,795
<b>Total</b>	<b>30,185</b>	<b>33,143</b>	<b>34,733</b>	<b>36,723</b>	<b>37,747</b>	<b>38,698</b>	<b>40,036</b>	<b>41,590</b>	<b>42,951</b>

Table 1a

### Fallback

Category	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09
Adults w/o Dependent Children	27,173	28,417	30,090	32,813	34,872	37,138	39,273	41,268	42,637
Parents	14,282	14,631	15,010	16,140	17,089	17,898	18,543	19,095	19,157
Targeted Adults	4,839	4,853	5,018	5,458	5,737	6,055	6,330	6,544	6,701
<b>Total</b>	<b>46,294</b>	<b>47,901</b>	<b>50,118</b>	<b>54,411</b>	<b>57,698</b>	<b>61,091</b>	<b>64,146</b>	<b>66,907</b>	<b>68,495</b>

Table 1b

### Notes:

Enrollment as of October 9, 2020. Enrollment includes retroactive applications processed up to the run date. Enrollment numbers reported here are subject to change with future applications that may include retroactive coverage.

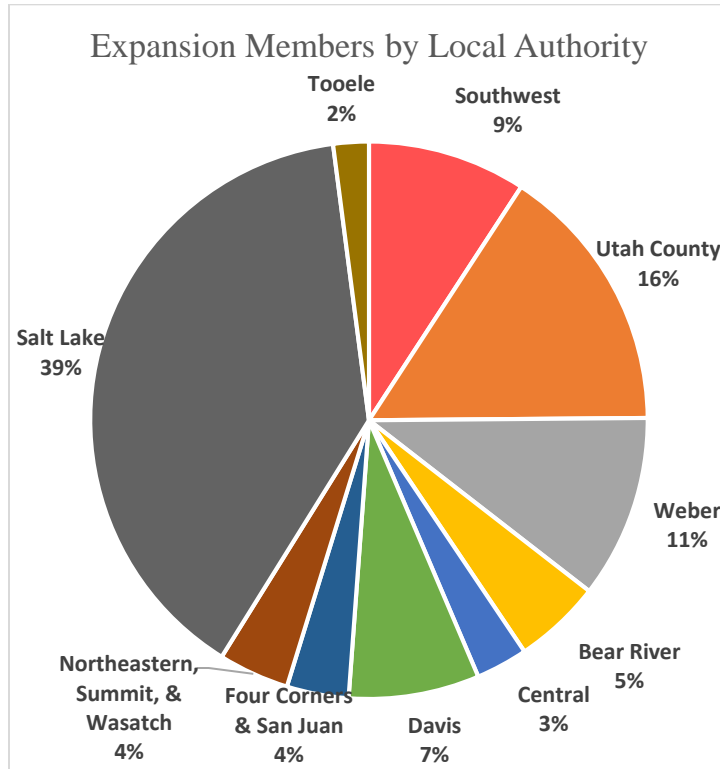


Figure 2

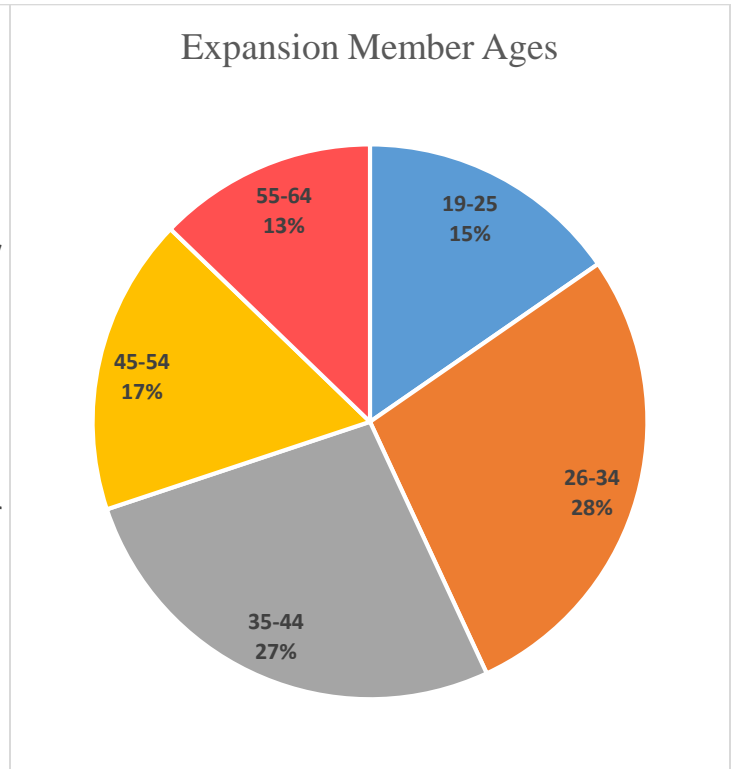


Figure 3

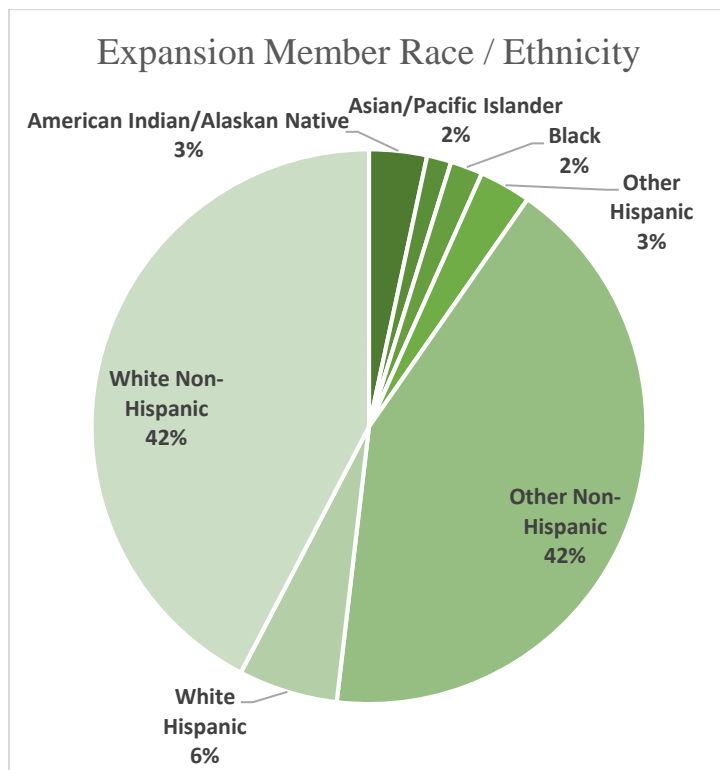


Figure 4

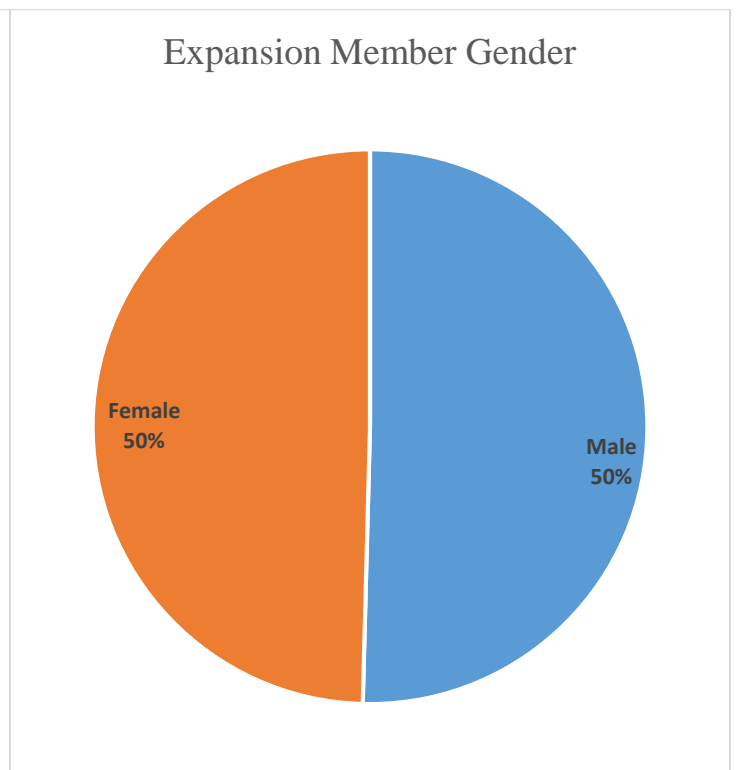


Figure 5

## Targeted Adult Medicaid (TAM) Enrollment by Subgroup

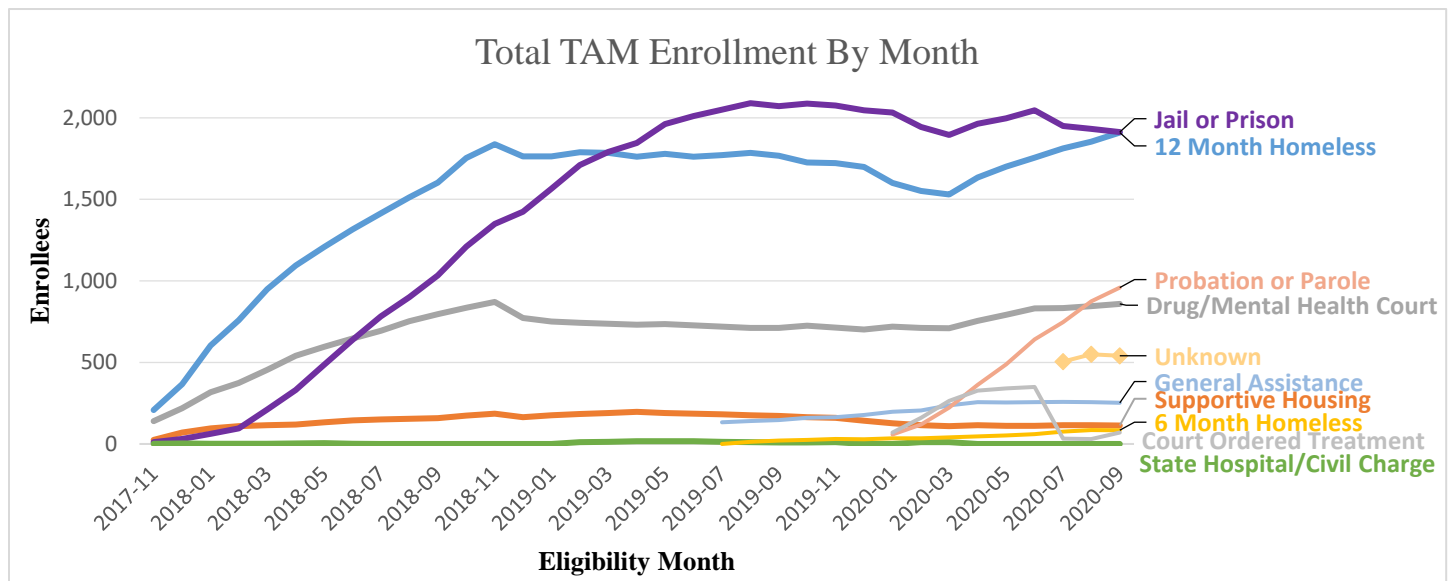


Figure 6

### TAM Enrollment by Month

<b>FY19 Totals</b>	<b>2018-07</b>	<b>2018-08</b>	<b>2018-09</b>	<b>2018-10</b>	<b>2018-11</b>	<b>2018-12</b>	<b>2019-01</b>	<b>2019-02</b>	<b>2019-03</b>	<b>2019-04</b>	<b>2019-05</b>	<b>2019-06</b>
<b>Total</b>	<b>3,042</b>	<b>3,321</b>	<b>3,591</b>	<b>3,975</b>	<b>4,243</b>	<b>4,126</b>	<b>4,256</b>	<b>4,438</b>	<b>4,517</b>	<b>4,553</b>	<b>4,682</b>	<b>4,703</b>

Table 2a

<b>FY20 Category</b>	<b>2019-07</b>	<b>2019-08</b>	<b>2019-09</b>	<b>2019-10</b>	<b>2019-11</b>	<b>2019-12</b>	<b>2020-01</b>	<b>2020-02</b>	<b>2020-03</b>	<b>2020-04</b>	<b>2020-05</b>	<b>2020-06</b>
12 Month Homeless	1,771	1,786	1,768	1,727	1,723	1,698	1,600	1,552	1,530	1,633	1,700	1,756
6 Month Homeless	*	14	21	24	30	29	35	34	40	47	52	60
Supportive Housing	182	176	172	165	160	143	127	115	108	114	112	112
General Assistance	133	141	147	161	165	178	197	205	236	256	255	257
Court Ordered Treatmnt							70	160	265	327	341	350
Drug/Mental Health Crt	720	712	712	726	714	701	719	712	709	754	792	832
Jail or Prison	2,051	2,090	2,071	2,088	2,075	2,046	2,032	1,944	1,895	1,963	1,997	2,047
Probation or Parole							58	119	223	362	487	642
State Hospital/Civil Chrg	14	12	10	10	11	*	*	12	12	*	*	*
<b>Total</b>	<b>4,871</b>	<b>4,931</b>	<b>4,901</b>	<b>4,901</b>	<b>4,878</b>	<b>4,795</b>	<b>4,839</b>	<b>4,853</b>	<b>5,018</b>	<b>5,458</b>	<b>5,737</b>	<b>6,055</b>

Table 2b

<b>FY21 Category</b>	<b>2020-07</b>	<b>2020-08</b>	<b>2020-09</b>
12 Month Homeless	1,812	1,854	1,910
6 Month Homeless	76	85	84
Supportive Housing	115	115	114
General Assistance	258	257	252
Court Ordered Treatmnt	32	30	69
Drug/Mental Health Crt	834	846	859
Jail or Prison	1,951	1,932	1,913
Probation or Parole	747	875	959
Unknown	505	550	541
<b>Total</b>	<b>6,330</b>	<b>6,544</b>	<b>6,701</b>

Table 2c

\*Domestic Violence and selected months from State Hospital/Civil Charge are suppressed due to low enrollment

**Notes:** Enrollment as of October 9, 2020. Enrollment includes retroactive applications processed up to the run date. Enrollment numbers reported here are subject to change with future applications that may include retroactive coverage.

## Targeted Adult Medicaid Reimbursements

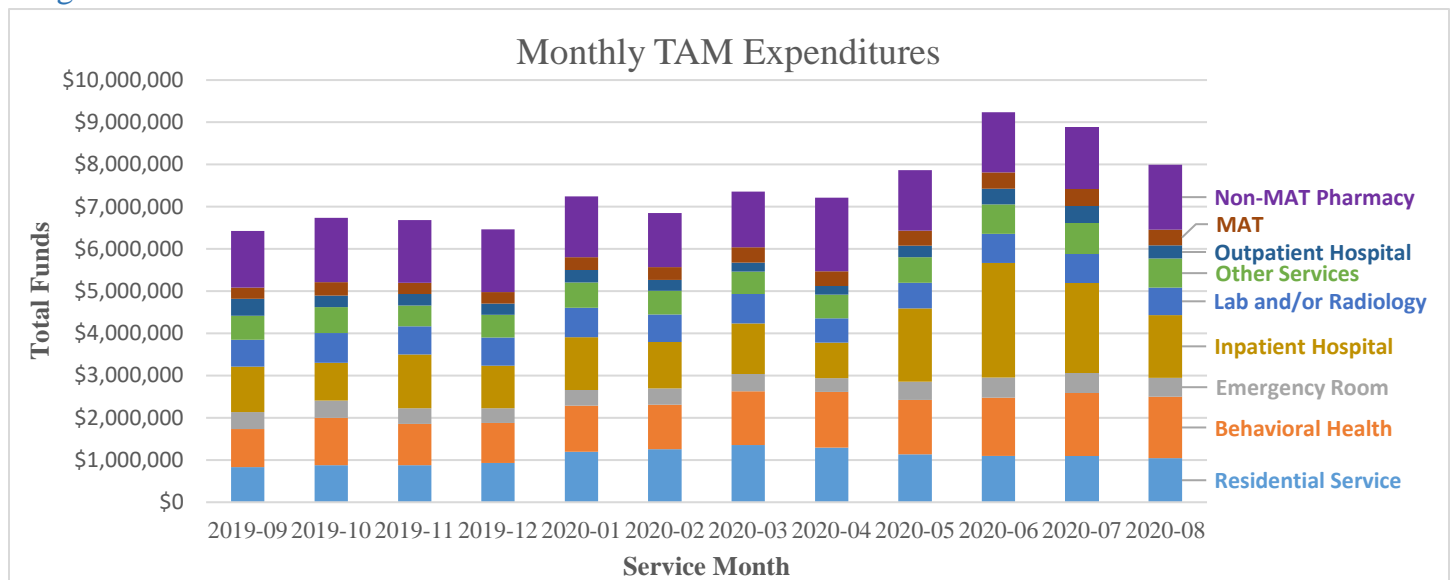


Figure 7

Monthly Expenditures (in 1,000's)											FY20		FY21		
Service Type	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	Total		
Residential Serv.	\$834	\$878	\$879	\$932	\$1,196	\$1,256	\$1,359	\$1,295	\$1,135	\$1,099	\$1,104	\$1,043	\$13,008		
Behavioral Health	\$898	\$1,119	\$979	\$949	\$1,089	\$1,050	\$1,270	\$1,320	\$1,286	\$1,377	\$1,491	\$1,457	\$14,286		
Emergency Room	\$400	\$413	\$368	\$347	\$374	\$388	\$410	\$326	\$438	\$477	\$469	\$450	\$4,858		
Inpatient Hospital	\$1,082	\$892	\$1,277	\$1,008	\$1,250	\$1,100	\$1,194	\$839	\$1,733	\$2,719	\$2,148	\$1,486	\$16,727		
Lab & Radiology	\$638	\$706	\$664	\$663	\$698	\$653	\$699	\$574	\$604	\$687	\$668	\$647	\$7,902		
Other Services	\$567	\$612	\$492	\$542	\$601	\$564	\$534	\$567	\$609	\$700	\$747	\$687	\$7,223		
Outpatient Hosp.	\$396	\$277	\$276	\$263	\$293	\$252	\$208	\$200	\$271	\$371	\$400	\$315	\$3,520		
MAT	\$268	\$317	\$266	\$277	\$305	\$308	\$364	\$350	\$357	\$381	\$401	\$371	\$3,966		
Non-MAT Pharm.	\$1,339	\$1,525	\$1,480	\$1,486	\$1,440	\$1,276	\$1,323	\$1,746	\$1,436	\$1,428	\$1,466	\$1,542	\$17,487		
Grand Total	\$6,422	\$6,739	\$6,681	\$6,467	\$7,247	\$6,847	\$7,361	\$7,216	\$7,868	\$9,238	\$8,893	\$7,998	\$88,977		

Table 3

Distinct Members Served												FY21	
Service Type	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	
Residential Serv.	326	334	315	335	419	462	523	482	445	419	397	353	
Behavioral Health	1,367	1,419	1,361	1,273	1,419	1,437	1,571	1,598	1,670	1,682	1,601	1,570	
Emergency Room	518	532	498	508	504	499	554	435	540	573	600	608	
Inpatient Hospital	98	108	96	99	109	100	114	110	168	173	160	148	
Lab & Radiology	971	1,029	986	1,028	1,134	1,187	1,269	1,123	1,154	1,268	1,214	1,143	
Other Services	4,786	4,764	4,721	4,629	4,498	4,553	4,767	5,263	5,529	5,857	6,127	6,425	
Outpatient Hosp.	401	396	370	362	422	433	369	359	393	516	569	591	
MAT	502	520	480	505	544	549	605	654	684	730	740	730	
Non-MAT Pharm.	1,790	1,810	1,739	1,769	1,809	1,816	1,941	2,005	2,135	2,211	2,241	2,271	
<b>Grand Total</b>	<b>4,827</b>	<b>4,821</b>	<b>4,784</b>	<b>4,677</b>	<b>4,621</b>	<b>4,643</b>	<b>4,851</b>	<b>5,304</b>	<b>5,576</b>	<b>5,905</b>	<b>6,184</b>	<b>6,464</b>	

Table 4

- Monthly expenditures represent total fund payments to providers. Expenditures may not precisely sum up to total due to rounding.
- These total fund amounts consist of federal funds, state restricted funds, and hospital share.
- Pharmacy expenses shown here are subject to future reductions due to rebates.
- The months shown here represent the month of service, which is not necessarily the month of payment. They are subject to change with future billings and adjustments. Providers may bill up to one year after the date of service.

## Expansion Parents Enrollment

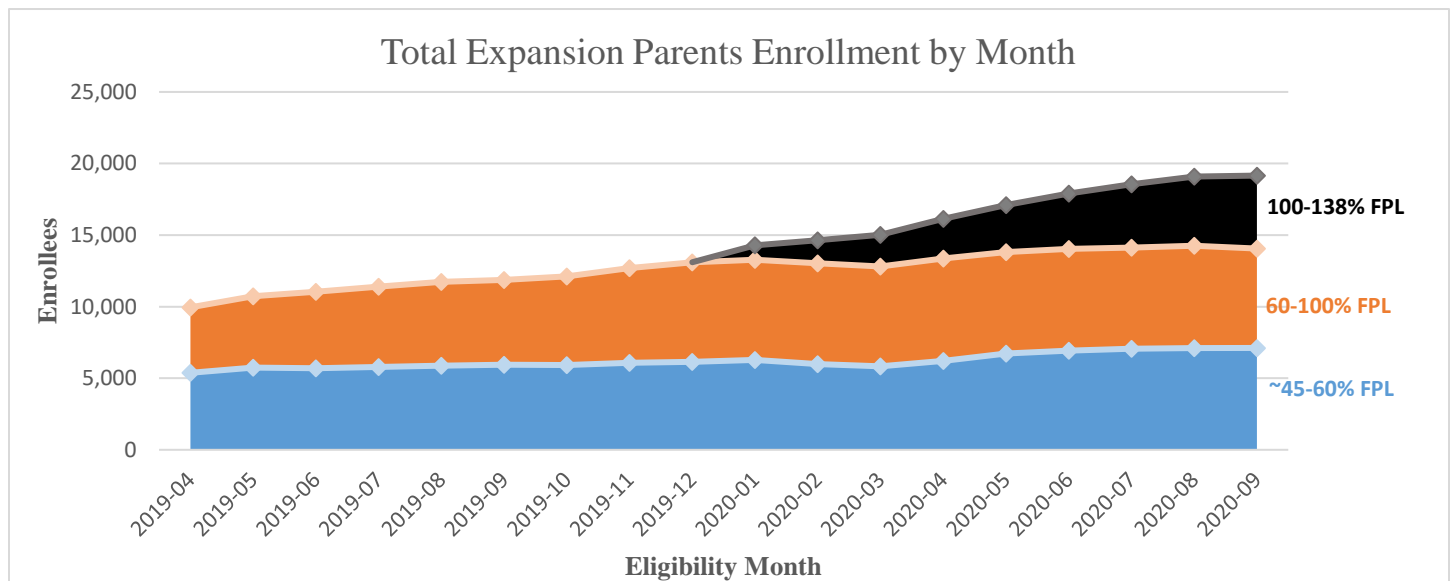


Figure 8

## Expansion Parents Enrollment by Month

### Bridge

Category	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12
60-100% FPL	4,571	4,997	5,343	5,593	5,861	5,927	6,199	6,608	6,951
~45-60% FPL	5,381	5,733	5,699	5,799	5,878	5,947	5,927	6,090	6,154
<b>Total</b>	<b>9,952</b>	<b>10,730</b>	<b>11,042</b>	<b>11,392</b>	<b>11,739</b>	<b>11,874</b>	<b>12,126</b>	<b>12,698</b>	<b>13,105</b>

Table 5a

### Fallback

Category	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09
100-138% FPL	1,000	1,591	2,192	2,768	3,269	3,865	4,412	4,840	5,096
60-100% FPL	7,010	7,057	6,990	7,169	7,094	7,104	7,076	7,147	6,944
~45-60% FPL	6,272	5,983	5,828	6,203	6,726	6,929	7,055	7,108	7,117
<b>Total</b>	<b>14,282</b>	<b>14,631</b>	<b>15,010</b>	<b>16,140</b>	<b>17,089</b>	<b>17,898</b>	<b>18,543</b>	<b>19,095</b>	<b>19,157</b>

Table 5b

### Notes:

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## Expansion Parents Reimbursements

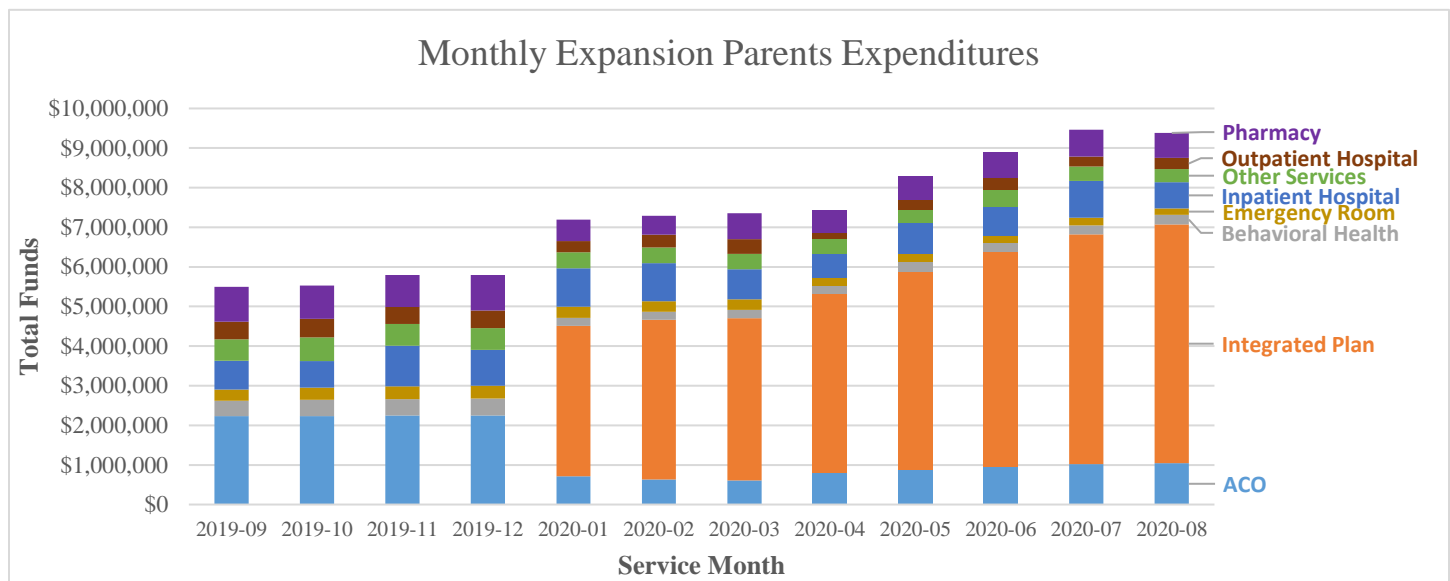


Figure 9

Monthly Expenditures (in 1,000's)												FY21		
Service Type	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	Total	
ACO	\$2,229	\$2,233	\$2,251	\$2,248	\$711	\$633	\$608	\$795	\$877	\$963	\$1,022	\$1,048	\$15,618	
Integrated Plan	\$0	\$0	\$0	\$0	\$3,798	\$4,031	\$4,097	\$4,526	\$5,014	\$5,422	\$5,798	\$6,028	\$38,714	
Behavioral Health	\$388	\$412	\$406	\$426	\$205	\$200	\$207	\$216	\$227	\$227	\$227	\$241	\$3,382	
Emergency Room	\$282	\$304	\$328	\$325	\$284	\$266	\$271	\$182	\$226	\$165	\$196	\$160	\$2,990	
Inpatient Hospital	\$733	\$672	\$1,025	\$908	\$964	\$969	\$756	\$609	\$766	\$740	\$925	\$659	\$9,727	
Other Services	\$537	\$595	\$547	\$547	\$411	\$389	\$387	\$383	\$341	\$437	\$366	\$335	\$5,277	
Outpatient Hospital	\$449	\$473	\$429	\$442	\$277	\$326	\$376	\$163	\$231	\$295	\$247	\$280	\$3,989	
Pharmacy	\$875	\$839	\$810	\$895	\$541	\$479	\$652	\$569	\$593	\$637	\$678	\$632	\$8,200	
<b>Grand Total</b>	<b>\$5,493</b>	<b>\$5,529</b>	<b>\$5,796</b>	<b>\$5,792</b>	<b>\$7,190</b>	<b>\$7,293</b>	<b>\$7,355</b>	<b>\$7,442</b>	<b>\$8,276</b>	<b>\$8,887</b>	<b>\$9,460</b>	<b>\$9,382</b>	<b>\$87,896</b>	

Table 6

Distinct Members Served												FY21		
Service Type	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08		
ACO	4,481	4,521	4,538	4,540	1,574	1,450	1,423	1,873	2,063	2,245	2,379	2,426		
Integrated Plan					7,824	8,272	8,398	9,298	10,299	11,129	11,910	12,378		
Behavioral Health	6,122	6,162	6,312	6,399	3,714	3,853	3,935	4,167	4,379	4,529	4,677	4,814		
Emergency Room	354	345	388	394	340	297	296	189	211	191	211	173		
Inpatient Hospital	66	56	74	68	78	83	74	50	51	71	72	44		
Other Services	1,873	2,062	1,940	1,927	1,315	1,333	1,388	1,169	1,163	1,313	1,199	1,151		
Outpatient Hospital	663	677	660	636	408	394	365	239	303	384	364	306		
Pharmacy	2,975	3,174	3,151	3,284	2,785	2,722	3,003	2,945	3,047	3,286	3,390	3,511		
<b>Grand Total</b>	<b>8,395</b>	<b>8,641</b>	<b>8,781</b>	<b>8,895</b>	<b>12,370</b>	<b>12,865</b>	<b>13,090</b>	<b>14,168</b>	<b>15,286</b>	<b>16,311</b>	<b>17,228</b>	<b>17,692</b>		

Table 7

- Monthly expenditures represent total fund payments to providers. Expenditures may not precisely sum up to total due to rounding.
- These total fund amounts consist of federal funds, state restricted funds, and hospital share.
- Pharmacy expenses shown here are subject to future reductions due to rebates.
- The months shown here represent the month of service, which is not necessarily the month of payment. They are subject to change with future billings and adjustments. Providers may bill up to one year after the date of service.

## Expansion Adults without Dependent Children Enrollment

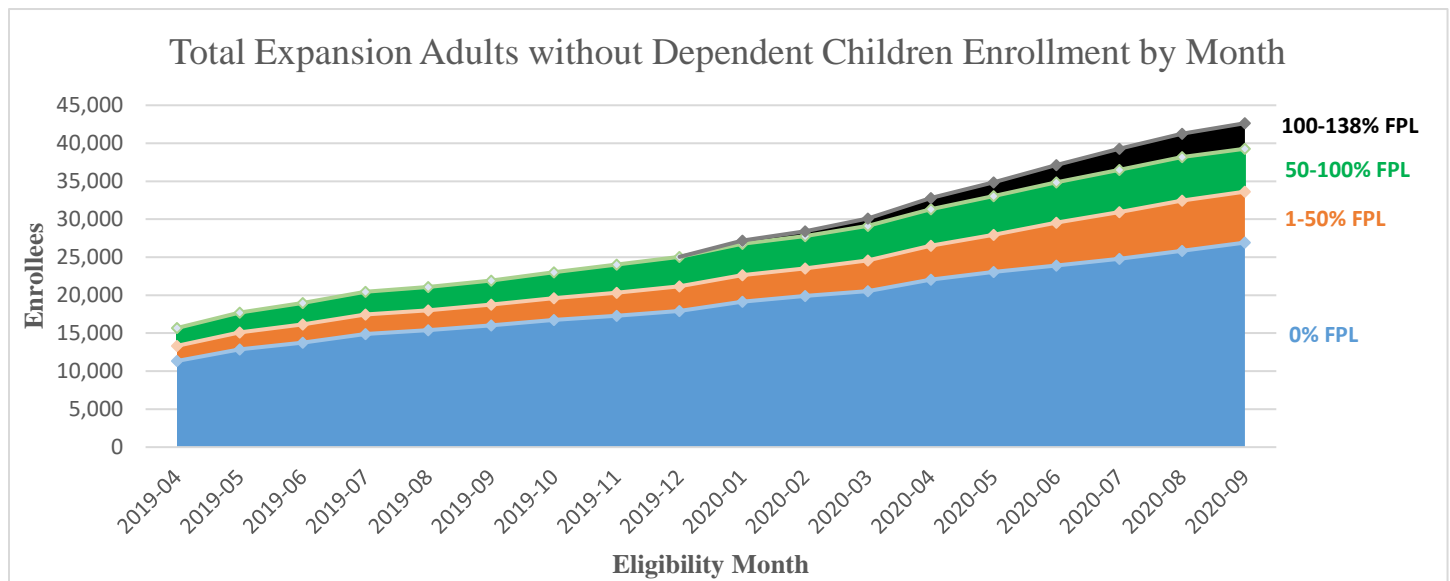


Figure 10

## Expansion Adults without Dependent Children Enrollment by Month

### Bridge

Category	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12
50-100% FPL	2,343	2,615	2,824	3,005	3,081	3,165	3,390	3,667	3,890
1-50% FPL	1,996	2,258	2,389	2,548	2,609	2,715	2,870	3,068	3,225
0% FPL	11,341	12,858	13,775	14,907	15,387	16,043	16,749	17,279	17,936
<b>Total</b>	<b>15,680</b>	<b>17,731</b>	<b>18,988</b>	<b>20,460</b>	<b>21,077</b>	<b>21,923</b>	<b>23,009</b>	<b>24,014</b>	<b>25,051</b>

Table 8a

### Fallback

Category	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09
100-138% FPL	390	641	962	1,476	1,841	2,295	2,779	3,088	3,359
50-100% FPL	4,142	4,262	4,540	4,832	5,088	5,308	5,541	5,719	5,646
1-50% FPL	3,495	3,624	4,061	4,432	4,884	5,606	6,145	6,602	6,705
0% FPL	19,146	19,890	20,527	22,073	23,059	23,929	24,808	25,859	26,927
<b>Total</b>	<b>27,173</b>	<b>28,417</b>	<b>30,090</b>	<b>32,813</b>	<b>34,872</b>	<b>37,138</b>	<b>39,273</b>	<b>41,268</b>	<b>42,637</b>

Table 8b

### Notes:

Enrollment as of October 9, 2020. Enrollment includes retroactive applications processed up to the run date. Enrollment numbers reported here are subject to change with future applications that may include retroactive coverage

## Expansion Adults without Dependent Children Reimbursements

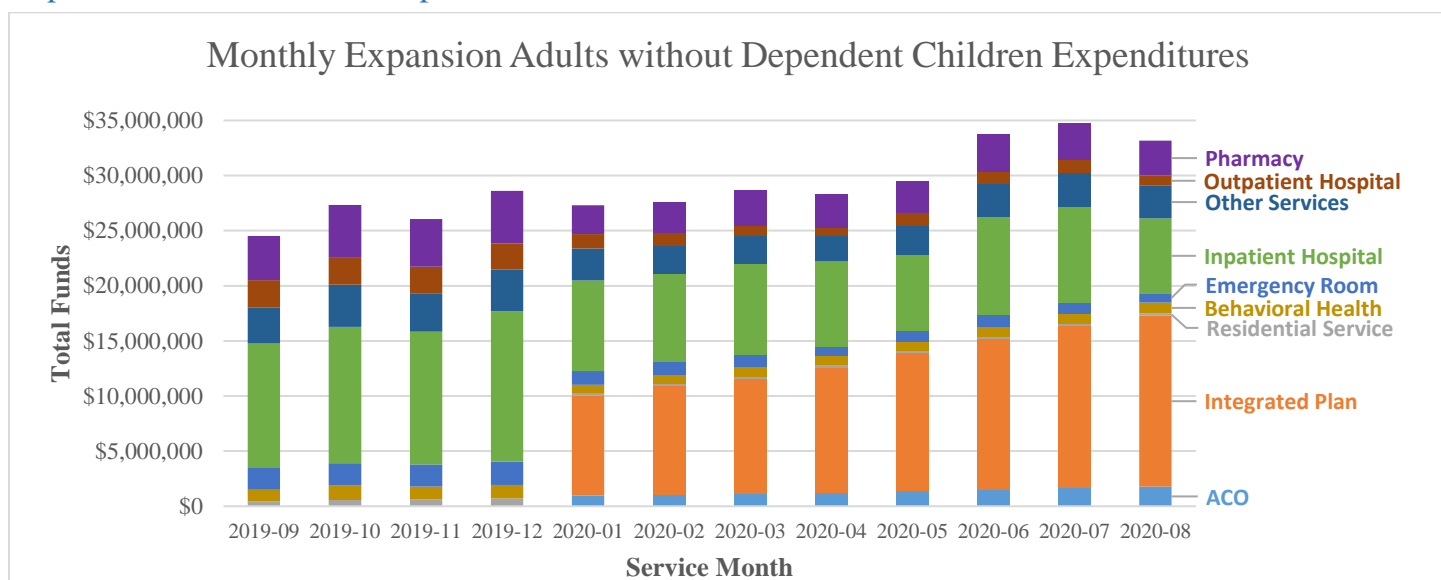


Figure 11

Monthly Expenditures (in 1,000's)													
FY20													FY21
Service Type	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	Total
ACO	\$0	\$0	\$0	\$0	\$972	\$1,054	\$1,103	\$1,243	\$1,389	\$1,541	\$1,672	\$1,788	<b>\$10,762</b>
Integrated Plan	\$0	\$0	\$0	\$0	\$9,064	\$9,879	\$10,424	\$11,345	\$12,525	\$13,657	\$14,694	\$15,488	<b>\$97,076</b>
Behavioral Health	\$1,061	\$1,331	\$1,179	\$1,233	\$816	\$829	\$870	\$855	\$863	\$911	\$957	\$992	<b>\$11,897</b>
Emergency Room	\$1,984	\$2,006	\$1,987	\$2,119	\$1,242	\$1,146	\$1,126	\$868	\$934	\$1,067	\$975	\$820	<b>\$16,275</b>
Inpatient Hospital	\$11,275	\$12,391	\$12,060	\$13,654	\$8,228	\$7,977	\$8,276	\$7,749	\$6,951	\$8,892	\$8,703	\$6,810	<b>\$112,966</b>
Other Services	\$3,264	\$3,816	\$3,484	\$3,768	\$2,905	\$2,565	\$2,508	\$2,227	\$2,543	\$2,966	\$3,022	\$2,945	<b>\$36,011</b>
Outpatient Hosp.	\$2,493	\$2,513	\$2,387	\$2,387	\$1,305	\$1,153	\$953	\$806	\$1,239	\$1,125	\$1,264	\$923	<b>\$18,548</b>
Pharmacy	\$4,002	\$4,715	\$4,347	\$4,745	\$2,605	\$2,756	\$3,180	\$3,043	\$2,830	\$3,376	\$3,308	\$3,189	<b>\$42,098</b>
Residential Serv.	\$441	\$559	\$620	\$704	\$160	\$203	\$227	\$209	\$201	\$190	\$175	\$226	<b>\$3,915</b>
<b>Grand Total</b>	<b>\$24,521</b>	<b>\$27,331</b>	<b>\$26,065</b>	<b>\$28,611</b>	<b>\$27,297</b>	<b>\$27,562</b>	<b>\$28,668</b>	<b>\$28,346</b>	<b>\$29,474</b>	<b>\$33,725</b>	<b>\$34,768</b>	<b>\$33,180</b>	<b>\$349,548</b>

Table 9

Distinct Members Served FY20											FY21	
Service Type	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08
ACO					2,071	2,255	2,371	2,659	2,987	3,304	3,580	3,844
Integrated Plan					15,601	17,084	18,082	19,744	21,912	24,015	25,934	27,418
Behavioral Health	2,357	2,620	2,595	2,592	6,463	6,689	7,046	7,442	7,854	8,325	8,659	9,033
Emergency Room	2,372	2,383	2,389	2,529	1,359	1,326	1,323	995	1,029	1,089	1,075	941
Inpatient Hospital	805	848	799	831	576	529	526	451	468	532	505	453
Other Services	20,556	21,875	22,427	23,360	25,414	26,657	27,784	30,694	32,733	34,997	37,028	39,051
Outpatient Hosp.	2,568	2,860	2,753	2,897	1,177	1,076	931	742	887	1,079	976	929
Pharmacy	8,256	9,130	9,013	9,445	7,559	7,934	8,443	8,477	8,907	9,628	9,992	10,284
Residential Serv.	184	238	238	284	70	66	53	40	49	58	43	44
<b>Grand Total</b>	<b>21,200</b>	<b>22,453</b>	<b>23,024</b>	<b>24,013</b>	<b>26,528</b>	<b>27,760</b>	<b>28,991</b>	<b>31,770</b>	<b>33,772</b>	<b>36,054</b>	<b>38,083</b>	<b>39,998</b>

Table 10

- Monthly expenditures represent total fund payments to providers. Expenditures may not precisely sum up to total due to rounding.
- These total fund amounts consist of federal funds, state restricted funds, and hospital share.
- Pharmacy expenses shown here are subject to future reductions due to rebates.
- The months shown here represent the month of service, which is not necessarily the month of payment. They are subject to change with future billings and adjustments. Providers may bill up to one year after the date of service.